### Case 22-10259-TPA Doc 16 Filed 07/18/22 Entered 07/18/22 11:53:38 Desc Main Document Page 1 of 43

| Fill in this information to identify your case: |            |                  |                 |  |                                    |  |
|---|------------|------------------|-----------------|--|------------------------------------|--|
| Debtor 1  |            |                  |                 |  |                                    |  |
|   | First Name | Middle Name      | Last Name       |  |                                    |  |
| Debtor 2  |            |                  |                 |  |                                    |  |
| (Spouse if, filing)                             | First Name | Middle Name      | Last Name       |  |                                    |  |
| United States Bankruptcy Court for the:         |            | WESTERN DISTRICT | OF PENNSYLVANIA |  |                                    |  |
| Case number                                     | 22-10259   |                  |                 |  |                                    |  |
| (if known)                                      |            |                  |                 |  | Check if this is an amended filing |  |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| you  | r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.   |              | •                       |
|------|---|--------------|-------------------------|
| Par  | t 1: Summarize Your Assets  |              |                         |
|      |   | Your as      | ssets<br>f what you own |
| 1.   | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$           | 93,632.00               |
|      | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$           | 17,501.62               |
|      | 1c. Copy line 63, Total of all property on Schedule A/B   | \$           | 111,133.62              |
| Par  | t 2: Summarize Your Liabilities   |              |                         |
|      |   |              | abilities<br>t you owe  |
| 2.   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                | \$           | 82,010.00               |
| 3.   | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$           | 0.00                    |
|      | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$           | 8,880.75                |
|      | Your total liabilities  | \$           | 90,890.75               |
| Par  | t 3: Summarize Your Income and Expenses   |              |                         |
| 4.   | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$           | 2,340.12                |
| 5.   | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$           | 1,520.00                |
| Par  | t 4: Answer These Questions for Administrative and Statistical Records  |              |                         |
| 6.   | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo                                     | ur other sch | nedules.                |
| 7.   | Yes What kind of debt do you have?  |              |                         |
|      | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal,  | family, or              |
|      | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this  | s box and si | ubmit this form to      |
| O.(( | 1.15 4000 Command of Very Assets and Use Willes and Ocated Ocated at Information  |              | 4 (0                    |

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Debtor 1 Michael Wallace Yochum

Case number (if known) 22-10259

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

| \$<br>3,313.75 |
|----------------|
|                |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clai | m    |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following:   |            |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$         | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 0.00 |

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|               |   |   |                       | Docum  | ent Page 3 of  | 70             |  |   |   |
|---------------|---|---|-----------------------|--|--|----------------|--|---|---|
| Fill          | n this information  | on to identify                          | your case and th      | nis filing:  |  |                |  |   |   |
| Deb           |   |   | ace Yochum            |  |  |                |  |   |   |
| <b>D</b> . I. |   | irst Name                               | Middle                | Name   | Last Name  |                |  |   |   |
|               | tor 2<br>se, if filing) F   | irst Name                               | Middle                | Name   | Last Name  |                |  |   |   |
| Unit          | ed States Bankru  | ptcy Court for                          | the: WESTERN          | I DISTRICT C   | OF PENNSYLVANIA  |                |  |   |   |
| <b>^</b>      |   |   | <del></del>           |  |  |                |  |   | _   |
| cas           | e number <u>22-1</u>  | 0259                                    |                       |  |  |                |  |   | ☐ Check if this is amended filing   |
|               |   |   |                       |  |  |                |  |   |   |
| Off           | icial Form  | 106A/B                                  | 1                     |  |  |                |  |   |   |
| 3c            | hedule A  | A/B: Pr                                 | operty                |  |  |                |  |   | 12/15   |
|               |   |   | <u> </u>              | an asset only  | once. If an asset fits in mo   | ore than one c | ategory list th  | ne asset in   |   |
| Do            |   |   | untable interest in a |  | , building, land, or similar p   |                |  |   |   |
|               | No. Go to Part 2.<br>Yes. Where is the  | property?                               | and an energy in a    |  | , sunding, ianu, or sinnar p   |                |  |   |   |
| □             | Yes. Where is the   |   | and morest in a       | What is the  | e property? Check all that appl  |                |  |   |   |
| □             |   | lle Road                                |                       | Sing   | e property? Check all that appl<br>gle-family home   |                |  |   | ims or exemptions. Put<br>d claims on <i>Schedule D</i> .   |
| □             | Yes. Where is the   | lle Road                                |                       | ■ Sing □ Dup   | e property? Check all that appl  |                | the amount of  | any secured   | ims or exemptions. Put<br>d claims on <i>Schedule D</i><br>ns <i>Secured by Property</i> .        |
|               | Yes. Where is the   | lle Road                                |                       | Sing Dup Con   | e property? Check all that appl<br>gle-family home<br>blex or multi-unit building<br>ndominium or cooperative  |                | the amount of  | any secured   | d claims on <i>Schedule D</i> a   |
| □             | Yes. Where is the  23095 Titusvii  Street address, if avai                            | IIe Road<br>ilable, or other desc       | <u>cription</u>       | Sing Dup Con Man   | e property? Check all that appl<br>gle-family home<br>blex or multi-unit building<br>adominium or cooperative<br>nufactured or mobile home   |                | the amount of Creditors Who  | any secured<br>Have Clain<br>of the   | d claims on Schedule D.  ns Secured by Property.  Current value of the                            |
| □             | Yes. Where is the   | lle Road                                |                       | Sing Dup Con Man   | e property? Check all that appl<br>gle-family home<br>blex or multi-unit building<br>adominium or cooperative<br>nufactured or mobile home   |                | the amount of Creditors Who  Current value entire propert  | any secured<br>Have Clain<br>of the   | d claims on Śchedule D.<br>ns Secured by Property.  |
| □             | Yes. Where is the  23095 Titusvil Street address, if avai                             | Ile Road<br>ilable, or other desc<br>PA | eription              | Sing Dup Con Man Land Inve   | e property? Check all that appligle-family home blex or multi-unit building adominium or cooperative hufactured or mobile home d estment property eshare   |                | the amount of Creditors Who  Current value entire propert  \$93,                                 | any secured Have Clain e of the ty?   | d claims on Schedule D.  ns Secured by Property.  Current value of the portion you own?           |
| ■             | Yes. Where is the  23095 Titusvil Street address, if avai                             | Ile Road<br>ilable, or other desc<br>PA | eription              | Sing Dup Con Man Lanc Inve   | e property? Check all that appligle-family home blex or multi-unit building adominium or cooperative aufactured or mobile home d estment property eshare er  | ly             | Current value entire propert \$93,  Describe the (such as fee s                                  | any secured Have Clain of the ty? 632.00 nature of yesimple, tena             | d claims on Schedule Dans Secured by Property.  Current value of the portion you own?  \$93,632.0 |
|               | Yes. Where is the  23095 Titusvil Street address, if avai                             | Ile Road<br>ilable, or other desc<br>PA | eription              | Sing Dup Con Man Lanc Inve Time Othe Who has a                           | e property? Check all that appligle-family home blex or multi-unit building adominium or cooperative aufactured or mobile home d estment property eshare er un interest in the property?                         | ly             | Current value entire propert \$93,  Describe the result (such as fee sea life estate),           | any secured Have Clain of the ty? 632.00 nature of yesimple, tenaif known.    | Current value of the portion you own? \$93,632.0  |
|               | Yes. Where is the  23095 Titusvil  Street address, if avai  Titusville  City          | Ile Road<br>ilable, or other desc<br>PA | eription              | Sing Dup Con Man Lanc Inve Time Othe Who has a                           | e property? Check all that appligle-family home blex or multi-unit building adominium or cooperative hufactured or mobile home d estment property eshare er in interest in the property?                         | ly             | Current value entire propert \$93,  Describe the (such as fee s                                  | any secured Have Clain of the ty? 632.00 nature of yesimple, tenaif known.    | Current value of the portion you own? \$93,632.0  |
| □             | Yes. Where is the  23095 Titusvil Street address, if avai                             | Ile Road<br>ilable, or other desc<br>PA | eription              | Sing Dup Con Man Land Inve Time Othe Who has a Deb                       | e property? Check all that appligle-family home blex or multi-unit building adominium or cooperative bufactured or mobile home d estment property eshare er un interest in the property? btor 1 only             | ly             | Current value entire propert \$93,  Describe the second a life estate),  Fee simple              | any secured Have Clain of the ty? 632.00 nature of your simple, tenaif known. | Current value of the portion you own? \$93,632.0  Our ownership interestancy by the entireties,   |
| ■             | Yes. Where is the  23095 Titusvil  Street address, if avai  Titusville  City  Venango | Ile Road<br>ilable, or other desc<br>PA | eription              | Sing Dup Con Man Land Inve Time Othe Who has a Deb Deb                   | e property? Check all that appligle-family home blex or multi-unit building adominium or cooperative hufactured or mobile home d estment property eshare er in interest in the property?                         | ly Check one   | Current value entire propert \$93,  Describe the second a life estate),  Fee simple              | any secured Have Claim of the ty? 632.00 nature of yosimple, tensif known.    | Current value of the portion you own? \$93,632.0  |
| □             | Yes. Where is the  23095 Titusvil  Street address, if avai  Titusville  City  Venango | Ile Road<br>ilable, or other desc<br>PA | eription              | Sing Dup Con Man Land Inve Time Othe Who has a Deb Deb At le Other infor | e property? Check all that appligle-family home blex or multi-unit building adominium or cooperative aufactured or mobile home d estment property eshare er in interest in the property? btor 1 only btor 2 only | Check one      | Current value entire propert \$93,  Describe the in (such as fee s a life estate), i  Fee simple | any secured Have Claim of the ty? 632.00 nature of your simple, tensif known. | Current value of the portion you own? \$93,632.0  Our ownership interestancy by the entireties,   |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Case 22-10259-TPA Doc 16 Filed 07/18/22 Entered 07/18/22 11:53:38 Page 4 of 43 Document Case number (if known) 22-10259 Debtor 1 Michael Wallace Yochum 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Chevrolet Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Silverado Creditors Who Have Claims Secured by Property. Model: ■ Debtor 1 only 2011 Year: Debtor 2 only Current value of the Current value of the 180,354 Approximate mileage: entire property? Debtor 1 and Debtor 2 only portion you own? Other information: At least one of the debtors and another Truck \$12,050.00 \$6,025.00 Location: 23095 Titusville Road, ☐ Check if this is community property Titusville PA 16354 (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$6,025.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Various Household Goods and Furnishings \$4,920.00 **Summary Available Upon Request** 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... Electronics \$200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections;

other collections, memorabilia, collectibles

■ No

☐ Yes. Describe.....

#### 9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

☐ Yes. Describe.....

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Case number (if known) 22-10259

| De | btor 1                    | Michael Wal                      | lace Yochum  |   | Case number (if known)        | 22-10259   |
|----|---------------------------|----------------------------------|--|---|-------------------------------|--|
|    | Firearm<br>Examp<br>■ No  |                                  | s, shotguns, ammunition, and                           | related equipment   |                               |  |
|    | ☐ Yes.                    | Describe                         |  |   |                               |  |
|    | Clothes<br>Examp<br>□ No  |                                  | othes, furs, leather coats, des                        | igner wear, shoes, accessories  |                               |  |
|    | Yes.                      | Describe                         |  |   |                               |  |
|    |                           |                                  | Clothes  |   |                               | \$100.00   |
|    | ■ No                      |                                  | welry, costume jewelry, engaç                          | gement rings, wedding rings, heirloon                                     | n jewelry, watches, gems, ç   | gold, silver   |
|    | <i>Examp</i><br>□ No<br>- | rm animals  les: Dogs, cats, l   | birds, horses  |   |                               |  |
|    |                           | 2 0001.2011.11                   | <b>D</b>   |   |                               | <b>#0.00</b>   |
|    |                           |                                  | Pets: 1 dog and 3 chicl                                | kens  |                               | \$0.00   |
|    | ■ No<br>□ Yes.            | Give specific info               | ormation of all of your entries from P                 | not already list, including any heal art 3, including any entries for pag |                               | \$5,220.00   |
|    |                           | scribe Your Finan                |  |   |                               |  |
| Do | you ow                    | n or have any le                 | egal or equitable interest in                          | any of the following?   |                               | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|    | ■ No                      |                                  | nave in your wallet, in your ho                        | ome, in a safe deposit box, and on ha                                     | and when you file your petiti | on   |
|    | Deposi                    | ts of money<br>les: Checking, sa | avings, or other financial acco                        | ounts; certificates of deposit; shares in                                 | n credit unions, brokerage l  | nouses, and other similar  |
|    | □ No                      | institutions.                    | If you have multiple accounts                          | with the same institution, list each.                                     |                               |  |
|    | Yes                       |                                  |  | Institution name:   |                               |  |
|    |                           |                                  | 17.1. Checking   | PNC Bank (8733)   |                               | \$644.96   |
|    | _Ехатр<br>                |                                  | or publicly traded stocks investment accounts with bro | okerage firms, money market accoun  | ts                            |  |
|    | ■ No<br>□ Yes             |                                  | Institution or issuer                                  | name:   |                               |  |
|    | joint ve                  |                                  | ock and interests in incorpo                           | orated and unincorporated busines   | sses, including an interes    | t in an LLC, partnership, and  |
|    | ■ No<br>□ ves             | Give enceific infe               | ormation about them                                    |   |                               |  |

Official Form 106A/B Schedule A/B: Property page 3

Case 22-10259-TPA Doc 16 Filed 07/18/22 Entered 07/18/22 11:53:38 Page 6 of 43 Document Case number (if known) 22-10259 Debtor 1 Michael Wallace Yochum Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.  $\hfill \square$  Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans Yes. List each account separately. Type of account: Institution name: 401(k) **EPIC Retirement Plan Services** \$367.26 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you

### 29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

Yes. Give specific information about them, including whether you already filed the returns and the tax years......

2021 Tax Refund

■ No

**Federal** 

\$3,626.00

Case 22-10259-TPA Doc 16 Filed 07/18/22 Entered 07/18/22 11:53:38 Document Page 7 of 43 Debtor 1 Case number (if known) 22-10259 Michael Wallace Yochum ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: **Trans-America Universal Life Insurance Rodney Yochum** \$1,618.40 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... ■ No ☐ Yes. Describe each claim....... ■ No ☐ Yes. Give specific information... \$6,256.62 for Part 4. Write that number here...... No. Go to Part 6. ☐ Yes. Go to line 38.

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims 35. Any financial assets you did not already list 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7:

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) 22-10259

Debtor 1

**Michael Wallace Yochum** 

53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$93,632.00 Part 2: Total vehicles, line 5 \$6,025.00 Part 3: Total personal and household items, line 15 57. \$5,220.00 Part 4: Total financial assets, line 36 \$6,256.62 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$17,501.62 Copy personal property total \$17,501.62 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$111,133.62

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor                      | mation to identify your | case:              |                 |                                      |  |  |
|---|-------------------------|--------------------|-----------------|--------------------------------------|--|--|
| Debtor 1 Michael Wallace Yochum         |                         |                    |                 |                                      |  |  |
|   | First Name              | Middle Name        | Last Name       |                                      |  |  |
| Debtor 2                                |                         |                    |                 |                                      |  |  |
| (Spouse if, filing)                     | First Name              | Middle Name        | Last Name       |                                      |  |  |
| United States Bankruptcy Court for the: |                         | WESTERN DISTRICT O | OF PENNSYLVANIA |                                      |  |  |
| Case number                             | 22-10259                |                    |                 |                                      |  |  |
| (if known)                              |                         |                    |                 | ☐ Check if this is an amended filing |  |  |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa   | It 1: Identify the Property You Claim as I   | Exempt   |         |   |                       |  |
|--|--|--|---------|---|-----------------------|--|
| 1.   | Which set of exemptions are you claiming   | ? Check one only, eve  | n if yo | our spouse is filing with you.                                  |                       |  |
| ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) |  |  |         |   |                       |  |
| ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)                         |  |  |         |   |                       |  |
| 2.   | For any property you list on Schedule A/E  | that you claim as exe  | empt,   | fill in the information below.                                  |                       |  |
|  | Brief description of the property and line on Schedule A/B that lists this property    | Current value of the Amount of the exemption you claim portion you own |         | Specific laws that allow exemption                              |                       |  |
|  |  | Copy the value from<br>Schedule A/B                                    | Che     | eck only one box for each exemption.                            |                       |  |
|  | 23095 Titusville Road Titusville, PA<br>16354 Venango County                           | \$93,632.00  |         | \$23,315.00   | 11 U.S.C. § 522(d)(1) |  |
|  | Residence Value based off of Tax Assessment 61,600 x 1.52 Line from Schedule A/B: 1.1  |  |         | 100% of fair market value, up to any applicable statutory limit |                       |  |
|  | 2011 Chevrolet Silverado 180,354 miles   | \$6,025.00   |         | \$178.50  | 11 U.S.C. § 522(d)(2) |  |
|  | Truck Location: 23095 Titusville Road, Titusville PA 16354 Line from Schedule A/B: 3.1 |  |         | 100% of fair market value, up to any applicable statutory limit |                       |  |
|  | Various Household Goods and Furnishings  | \$4,920.00   |         | \$4,920.00  | 11 U.S.C. § 522(d)(3) |  |
|  | Summary Available Upon Request<br>Line from Schedule A/B: 6.1                          |  |         | 100% of fair market value, up to any applicable statutory limit |                       |  |
|  | Electronics Line from Schedule A/B: 7.1  | \$200.00   |         | \$200.00  | 11 U.S.C. § 522(d)(3) |  |
|  | Line from Schedule AVD. 111  |  |         | 100% of fair market value, up to                                |                       |  |

any applicable statutory limit

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| De | ebtor 1 Michael Wallace Yochum   |                                     |         | Case number (if known)  | 22-10259                           |  |
|----|--|-------------------------------------|---------|---|------------------------------------|--|
|    | Brief description of the property and line on Schedule A/B that lists this property Current value of the portion you own |                                     |         | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|    |  | Copy the value from<br>Schedule A/B |         |   |                                    |  |
|    | Clothes Line from Schedule A/B: 11.1   | \$100.00                            |         | \$100.00  | 11 U.S.C. § 522(d)(3)              |  |
|    |  |                                     |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Pets: 1 dog and 3 chickens Line from Schedule A/B: 13.1  | \$0.00                              |         | \$0.00  | 11 U.S.C. § 522(d)(3)              |  |
|    | Line IIom Schedule A.B. 13.1   |                                     |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Checking: PNC Bank (8733) Line from Schedule A/B: 17.1   | \$644.96                            |         | \$644.96  | 11 U.S.C. § 522(d)(5)              |  |
|    | Line nom <i>Schedule A/b.</i> 17.1   |                                     |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | 401(k): EPIC Retirement Plan<br>Services   | \$367.26                            |         | \$367.26  | 11 U.S.C. § 522(d)(12)             |  |
|    | Line from Schedule A/B: 21.1   |                                     |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Federal: 2021 Tax Refund Line from Schedule A/B: 28.1  | \$3,626.00                          |         | \$3,626.00  | 11 U.S.C. § 522(d)(5)              |  |
|    | Line IIom Schedule A.B. 20.1   |                                     |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Trans-America Universal Life Insurance   | \$1,618.40                          |         | \$1,618.40  | 11 U.S.C. § 522(d)(8)              |  |
|    | Beneficiary: Rodney Yochum Line from Schedule A/B: 31.1  |                                     |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every  No                                   |                                     |         | led on or after the date of adjustmen                           | t.)                                |  |
|    | ☐ Yes. Did you acquire the property cover☐ No  | red by the exemption wi             | ithin 1 | ,215 days before you filed this case?                           |                                    |  |
|    | ☐ Yes  |                                     |         |   |                                    |  |

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|                                |                                    | Document Pag   | e 11      | of 43                            |                       |                      |
|--------------------------------|------------------------------------|--|-----------|----------------------------------|-----------------------|----------------------|
| Fill in this                   | information to identify you        | ur case:   |           |                                  |                       |                      |
| Debtor 1                       | Michael Wallace                    | e Yochum   |           |                                  |                       |                      |
|                                | First Name                         | Middle Name Last Na  | ame       |                                  | -                     |                      |
| Debtor 2<br>(Spouse if, filing | ng) First Name                     | Middle Name Last Na  | ame       |                                  |                       |                      |
| United Sta                     | tes Bankruptcy Court for the       | : WESTERN DISTRICT OF PENNSYLV   | /ΔΝΙΙΔ    |                                  |                       |                      |
| Offica ota                     | ico bankrupicy Court for the       | WEGIERRY BIGINGS OF FERRINGSEV   |           |                                  | -                     |                      |
| Case num                       | ber <b>22-10259</b>                |  |           |                                  |                       |                      |
| (if known)                     |                                    |  |           |                                  |                       | if this is an        |
|                                |                                    |  |           |                                  | ameno                 | ded filing           |
| Official                       | Form 106D                          |  |           |                                  |                       |                      |
|                                |                                    | s Who Have Claims Secu   | ırad      | hy Propert                       | V                     | 12/15                |
| <u> 3CHEU</u>                  | ule D. Creditors                   | Wild Have Claims Sect  | JI CU     | by Flopert                       | <u>y</u>              | 12/15                |
|                                | opy the Additional Page, fill it   | If two married people are filing together, both out, number the entries, and attach it to this for       |           |                                  |                       |                      |
| •                              | editors have claims secured b      | v your property?   |           |                                  |                       |                      |
|                                | •                                  | his form to the court with your other schedu   | امع کمار  | u have nothing else t            | o report on this form |                      |
| _                              |                                    | •  | 100. 10   | a nave nothing clock             | o report on the form. |                      |
|                                | s. Fill in all of the information  | below.   |           |                                  |                       |                      |
| Part 1:                        | List All Secured Claims            |  |           | Column A                         | Column B              | Column C             |
|                                |                                    | more than one secured claim, list the creditor seps a particular claim, list the other creditors in Part |           | Amount of claim                  | Value of collateral   | Unsecured            |
|                                |                                    | ical order according to the creditor's name.   |           | Do not deduct the                | that supports this    | portion              |
| 2.1 Erie                       | Federal Credit Union               | Describe the property that secures the clain   | n:        | value of collateral. \$11,693.00 | claim<br>\$12,050.00  | If any <b>\$0.00</b> |
|                                | or's Name                          | 2011 Chevrolet Silverado 180,354   |           | <del></del>                      |                       |                      |
|                                |                                    | miles  |           |                                  |                       |                      |
|                                |                                    | Truck  |           |                                  |                       |                      |
|                                |                                    | Location: 23095 Titusville Road,   |           |                                  |                       |                      |
| Attn                           | : Bankruptcy                       | Titusville PA 16354  |           |                                  |                       |                      |
| 3503                           | 3 Peach Street                     | As of the date you file, the claim is: Check all apply.  | that      |                                  |                       |                      |
| Erie                           | , PA 16508                         | Contingent   |           |                                  |                       |                      |
| Numbe                          | er, Street, City, State & Zip Code | ☐ Unliquidated   |           |                                  |                       |                      |
|                                |                                    | ☐ Disputed   |           |                                  |                       |                      |
| Who owes                       | the debt? Check one.               | Nature of lien. Check all that apply.  |           |                                  |                       |                      |
| Debtor 1                       | only                               | An agreement you made (such as mortgage  | e or secu | ıred                             |                       |                      |
| Debtor 2                       | ? only                             | car loan)  |           |                                  |                       |                      |
| Debtor 1                       | and Debtor 2 only                  | ☐ Statutory lien (such as tax lien, mechanic's   | lien)     |                                  |                       |                      |
| ☐ At least                     | one of the debtors and another     | ☐ Judgment lien from a lawsuit   |           |                                  |                       |                      |

**Auto Loan** 

0100

☐ Check if this claim relates to a

Date debt was incurred 04/20

community debt

Other (including a right to offset)

Last 4 digits of account number

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| Debtor 1 Michael Wallace Yochu                                     | Case number (if known)                                       | 22-10259    |             |        |
|--|--|-------------|-------------|--------|
| First Name Middle N  | ame Last Name  |             |             |        |
| 2.2 Flagstar Bank  | Describe the property that secures the claim:                | \$70,317.00 | \$93,632.00 | \$0.00 |
| Creditor's Name  | 23095 Titusville Road Titusville, PA<br>16354 Venango County |             |             |        |
|  | Residence  |             |             |        |
|  | Value based off of Tax Assessment                            |             |             |        |
| Attn: Bankruptcy   | 61,600 x 1.52  |             |             |        |
| 5151 Corporate Drive   | As of the date you file, the claim is: Check all that apply. |             |             |        |
| Troy, MI 48098   | ☐ Contingent   |             |             |        |
| Number, Street, City, State & Zip Code                             | ☐ Unliquidated   |             |             |        |
|  | ☐ Disputed   |             |             |        |
| Who owes the debt? Check one.                                      | Nature of lien. Check all that apply.                        |             |             |        |
| ■ Debtor 1 only □ Debtor 2 only                                    | ☐ An agreement you made (such as mortgage or car loan)       | secured     |             |        |
| Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lien)         | )           |             |        |
| ☐ At least one of the debtors and another                          | ☐ Judgment lien from a lawsuit                               |             |             |        |
| ☐ Check if this claim relates to a community debt                  | Other (including a right to offset) Mortgag                  | e           |             |        |
| Date debt was incurred 08/10                                       | Last 4 digits of account number 938                          | 2           |             |        |
|  |  |             |             |        |
| Add the dollar value of your entries in C                          | column A on this page. Write that number here:               | \$82,010    | .00         |        |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages.                      | \$82,010    |             |        |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| Fill in this information to identify your ca  | ase:   |  |   |  |  |
|---|--|--|---|--|--|
| Debtor 1 Michael Wallace Yo   | ochum  |  |   |  |  |
| First Name  | Middle Name  | Last Name  |   |  |  |
| Debtor 2 (Spouse if, filing) First Name   | Middle Name  | Last Name  |   |  |  |
| United States Bankruptcy Court for the:   | WESTERN DISTRICT OF F  | PENNSYLVANIA   |   |  |  |
| Case number 22-10259  |  |  |   | ☐ Check  | if this is an  |
|   |  |  |   | amend  | ed filing  |
| Official Form 106E/F  |  |  |   |  |  |
| Schedule E/F: Creditors Wi  | no Have Unsecure   | ed Claims  |   |  | 12/15  |
| Be as complete and accurate as possible. Use<br>iny executory contracts or unexpired leases the<br>Schedule G: Executory Contracts and Unexpire<br>Schedule D: Creditors Who Have Claims Securent. Attach the Continuation Page to this page<br>name and case number (if known).  Part 1: List All of Your PRIORITY Uns | hat could result in a claim. Als<br>ed Leases (Official Form 106G<br>red by Property. If more space<br>. If you have no information to | so list executory contract<br>G). Do not include any cre<br>e is needed, copy the Part | ts on Schedule A/B: P<br>editors with partially s<br>t you need, fill it out, r | roperty (Official For<br>ecured claims that a<br>number the entries ir | m 106A/B) and on<br>re listed in<br>the boxes on the |
| Part 1: List All of Your PRIORITY Uns  1. Do any creditors have priority unsecured  |  |  |   |  |  |
| ☐ No. Go to Part 2.   | oranno agamot you!   |  |   |  |  |
| Yes.  |  |  |   |  |  |
| <ol> <li>List all of your priority unsecured claims.<br/>identify what type of claim it is. If a claim has<br/>possible, list the claims in alphabetical order<br/>Part 1. If more than one creditor holds a part</li> </ol>  | both priority and nonpriority amo<br>according to the creditor's name  | ounts, list that claim here a<br>e. If you have more than tw                           | and show both priority a  | nd nonpriority amount  | s. As much as  |
| (For an explanation of each type of claim, se   | e the instructions for this form in  | n the instruction booklet.)  | Total claim   | Priority amount  | Nonpriority amount                                   |
| Jennifer L. Yochum  | Last 4 digits of acc   | count number   | Unknown   | \$0.00   | \$0.00   |
| Priority Creditor's Name<br>18332 Route 27  | When was the deb   | ot incurred?   |   |  |  |
| Titusville, PA 16354  Number Street City State Zip Code   | As of the data you   | ı file, the claim is: Check a  | all that apply  |  |  |
| Who incurred the debt? Check one.   | ☐ Contingent   | me, the claim is. Check a  | ын шасарріу   |  |  |
| ■ Debtor 1 only   | ☐ Unliquidated   |  |   |  |  |
| Debtor 2 only   | ☐ Disputed   |  |   |  |  |
| Debtor 1 and Debtor 2 only  | Type of PRIORITY   | unsecured claim:   |   |  |  |
| ☐ At least one of the debtors and another   | ■ Domestic suppo   |  |   |  |  |
| ☐ Check if this claim is for a communit   | _  | ain other debts you owe the  | government  |  |  |
| Is the claim subject to offset?   | •  | n or personal injury while yo  | 0   |  |  |
| ■ No  | Other. Specify   |  |   |  |  |
| Yes   | _ oo opos, _   | Child Support  |   |  |  |
| DA CODU   | Lord A. Politico Co.   |  | 11-1  |  |  |
| PA SCDU Priority Creditor's Name P.O. Box 69110   | Last 4 digits of acc   |  | Unknown   | Unknown  | Unknown  |
| Harrisburg, PA 17106  Number Street City State Zip Code   | As of the data you   | ı file, the claim is: Check a  | all that apply  |  |  |
| Who incurred the debt? Check one.   | ☐ Contingent   | me, the claim is. Check a  | ыі тат арріу  |  |  |
| ■ Debtor 1 only   | ☐ Unliquidated   |  |   |  |  |
| ☐ Debtor 2 only   | ☐ Disputed   |  |   |  |  |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only  | Type of PRIORITY   | unsecured claim  |   |  |  |
| ☐ At least one of the debtors and another   | ■ Domestic suppo   |  |   |  |  |
|   | _  | _  |   |  |  |
| ☐ Check if this claim is for a communit Is the claim subject to offset?   |  | ain other debts you owe the<br>h or personal injury while yo                           | _   |  |  |
| ■ No  | Other. Specify   | 0  |   |  |  |
| Yes   |  | Child Support  |   |  |  |

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Case number (if known) Debtor 1 Michael Wallace Yochum 22-10259 **Venango County Domestic** Unknown Unknown Unknown 2.3 Relations Last 4 digits of account number Priority Creditor's Name When was the debt incurred? P.O. Box 369 Franklin, PA 16323 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only  $\square$  At least one of the debtors and another ■ Domestic support obligations ☐ Check if this claim is for a community debt □ Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No ☐ Other. Specify ☐ Yes **Child Support** Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim Community Connect Federal Credit** 2243 \$1,956.00 4.1 Last 4 digits of account number Union Nonpriority Creditor's Name 1050 E Spring Street When was the debt incurred? 11/15 Titusville, PA 16354 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

Credit card purchases for household

☐ Yes

Other. Specify supplies

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| Michael Wallace Yochum   | Case number (if known) 22-10259   |   |
|--|---|---|
| Midland Funding, LLC Nonpriority Creditor's Name                     | Last 4 digits of account number   | \$1,086.00  |
| Attn: Bankruptcy<br>P.O. Box 939069<br>San Diego. CA 92193           | When was the debt incurred? 03/17   |   |
| Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the claim is: Check all that apply   |   |
| Debtor 1 only  | ☐ Contingent  |   |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |   |
| debt<br>Is the claim subject to offset?                              | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |   |
| ■ No   | Debts to pension or profit-sharing plans, and other similar debts   |   |
| Yes  | Other. Specify Collections for Citibank N.A.  |   |
| National Fuel  | Last 4 digits of account number   | \$500.00  |
| 1100 State Street  | When was the debt incurred?   |   |
| Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |   |
| ■ Debtor 1 only  | ☐ Contingent  |   |
| Debtor 2 only  |   |   |
|  | <u> </u>  |   |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |   |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |   |
| No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |   |
| Yes  | Other. Specify Past utility bills   |   |
| Oil Creek Township   | Last 4 digits of account number   | \$1,721.75  |
| 127 McKinney Road  | When was the debt incurred?   |   |
| Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply   |   |
| ■ Debtor 1 only  | ☐ Contingent  |   |
|  |   |   |
|  |   |   |
|  | Type of NONPRIORITY unsecured claim:  |   |
| ☐ Check if this claim is for a community                             | ☐ Student loans   |   |
| Is the claim subject to offset?                                      | report as priority claims   |   |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts   |   |
| ☐ Yes  | ■ Other, Specify Past utility bills   |   |
|  | Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 939069 San Diego, CA 92193 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  National Fuel Nonpriority Creditor's Name 1100 State Street Erie, PA 16501 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Oil Creek Township Nonpriority Creditor's Name 127 McKinney Road Titusville, PA 16354 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is debt of 1 only Check if this claim is for a community check one. Check if this claim is for a community check one of the debtors and another Check if this claim is for a community check one of the debtors and another Check if this claim is for a community check of the claim subject to offset? No | Midland Funding, LLC   Nonprivity Creditor's Name   Attn: Bankruptcy   P.O. Box 930965   San Diego, CA 92193   Number Street City State Zip Code   Who incurred the debt? Check one.   Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 2 only   Debtor 3 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 8 only 1 |

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| Debit | Michael Wallace Yochum  | Case number (if known) <u>22-10259</u>  |            |
|-------|---|---|------------|
| 4.5   | Penelec   | Last 4 digits of account number   | \$350.00   |
|       | Nonpriority Creditor's Name P.O. Box 3687 Akron, OH 44309                 | When was the debt incurred?   |            |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.      | As of the date you file, the claim is: Check all that apply   |            |
|       | ■ Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | Disputed  |            |
|       | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                                  | ☐ Student loans   |            |
|       | debt Is the claim subject to offset?                                      | Obligations arising out of a separation agreement or divorce that you did not report as priority claims           |            |
|       | No  | Debts to pension or profit-sharing plans, and other similar debts   |            |
|       | Yes   | ■ Other. Specify Past utility bills   |            |
| 4.6   | Pleasantville Borough   | Last 4 digits of account number   | \$640.00   |
|       | Nonpriority Creditor's Name 114 West State Street Pleasantville, PA 16341 | When was the debt incurred?   |            |
|       | Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.   |   |            |
|       | ■ Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|       | $\square$ At least one of the debtors and another                         | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                                  | ☐ Student loans   |            |
|       | debt Is the claim subject to offset?                                      | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|       | Yes   | ■ Other. Specify Past utility bills   |            |
| 4.7   | Portfolio Recovery Associates, LLC Nonpriority Creditor's Name            | Last 4 digits of account number 2115  | \$1,067.00 |
|       | Attn: Bankruptcy 120 Corporate Boulevard                                  | When was the debt incurred? 11/16   |            |
|       | Norfolk, VA 23502   |   |            |
|       | Number Street City State Zip Code  Who incurred the debt? Check one.      | As of the date you file, the claim is: Check all that apply   |            |
|       | ■ Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community debt                             | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not                   |            |
|       | Is the claim subject to offset?   | report as priority claims   |            |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |            |
|       | □Yes  | Other Specify Collections for Synchrony Bank  |            |

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| Debtor                       | 1 Michael Wallace Yochum   |   | Case number (if known)   | 22-10259                  |                  |  |  |  |  |  |
|------------------------------|--|---|--|---------------------------|------------------|--|--|--|--|--|
| 4.8                          | Portfolio Recovery Associates, LLC Nonpriority Creditor's Name   | Last 4 digits of account number   | er <u>5327</u>   |                           | \$461.00         |  |  |  |  |  |
|                              | Attn: Bankruptcy 120 Corporate Boulevard Norfolk, VA 23502   | When was the debt incurred?   | 10/21  |                           |                  |  |  |  |  |  |
|                              | Number Street City State Zip Code Who incurred the debt? Check one.  | As of the date you file, the clai   | m is: Check all that apply                                       |                           |                  |  |  |  |  |  |
|                              | Debtor 1 only  | ☐ Contingent  |  |                           |                  |  |  |  |  |  |
|                              | ☐ Debtor 2 only  | ☐ Unliquidated  |  |                           |                  |  |  |  |  |  |
|                              | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |                           |                  |  |  |  |  |  |
|                              | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecu  | red claim:   |                           |                  |  |  |  |  |  |
|                              | ☐ Check if this claim is for a community   | ☐ Student loans   |  |                           |                  |  |  |  |  |  |
|                              | debt Is the claim subject to offset?   | ☐ Obligations arising out of a sereport as priority claims  | eparation agreement or divorce                                   | that you did not          |                  |  |  |  |  |  |
|                              | ■ No   | ☐ Debts to pension or profit-sha  | iring plans, and other similar de                                | ebts                      |                  |  |  |  |  |  |
|                              | Yes  | Other. Specify Collectio  | ns for Capital One Ban   | k, N.A.                   |                  |  |  |  |  |  |
| 4.9                          | Verizon Wireless   | Last 4 digits of account number   | er _0001   |                           | \$1,099.00       |  |  |  |  |  |
|                              | Nonpriority Creditor's Name Attn: Bankruptcy 500 Technology Drive Suite 599  | When was the debt incurred?   | 11/04  |                           |                  |  |  |  |  |  |
|                              | Weldon Springs, MO 63304  Number Street City State Zip Code  Who incurred the debt? Check one.   | As of the date you file, the clai   | As of the date you file, the claim is: Check all that apply      |                           |                  |  |  |  |  |  |
|                              | ■ Debtor 1 only  | ☐ Contingent  |  |                           |                  |  |  |  |  |  |
|                              | Debtor 2 only  | ,   |  |                           |                  |  |  |  |  |  |
|                              | ☐ Debtor 1 and Debtor 2 only   | □ Disputed  | ☐ Disputed  Type of NONPRIORITY unsecured claim:                 |                           |                  |  |  |  |  |  |
|                              | ☐ At least one of the debtors and another  | •   |  |                           |                  |  |  |  |  |  |
|                              | ☐ Check if this claim is for a community   | ☐ Student loans   |  |                           |                  |  |  |  |  |  |
|                              | debt Is the claim subject to offset?   | Obligations arising out of a sereport as priority claims  | eparation agreement or divorce                                   | that you did not          |                  |  |  |  |  |  |
|                              | ■ No   | Debts to pension or profit-sha  | ring plans, and other similar de                                 | ebts                      |                  |  |  |  |  |  |
|                              | ☐ Yes  | Other. Specify Past utili   | ty bills   |                           |                  |  |  |  |  |  |
| is tryi<br>have i<br>notifie | nis page only if you have others to be notified<br>ng to collect from you for a debt you owe to so<br>more than one creditor for any of the debts the<br>ed for any debts in Parts 1 or 2, do not fill out | about your bankruptcy, for a debt that<br>omeone else, list the original creditor<br>at you listed in Parts 1 or 2, list the ac<br>or submit this page. | in Parts 1 or 2, then list the diditional creditors here. If you | collection agency here. S | imilarly, if you |  |  |  |  |  |
|                              | nd Address<br>al One N.A.  | On which entry in Part 1 or Part 2 did y Line <b>4.8</b> of ( <i>Check one</i> ):   | ou list the original creditor?  Part 1: Creditors with Priori    | ity Unsecured Claims      |                  |  |  |  |  |  |
| P.O. B                       | Box 30285  |   | Part 2: Creditors with Nonp                                      | •                         |                  |  |  |  |  |  |
| Salt L                       | ake City, UT 84130   | Last 4 digits of account number   | r art 2. Groditoro with Hong                                     | memy encodered claims     |                  |  |  |  |  |  |
|                              | nd Address   | On which entry in Part 1 or Part 2 did y  | ou list the original creditor?                                   |                           |                  |  |  |  |  |  |
|                              | nk, N.A.   | Line 4.2 of (Check one):  | ☐ Part 1: Creditors with Prior                                   | ity Unsecured Claims      |                  |  |  |  |  |  |
| P.O. B                       | Centralized Bankruptcy Box 790034  |   | Part 2: Creditors with Nonp                                      | priority Unsecured Claims |                  |  |  |  |  |  |
| Saint                        | Louis, MO 63179  | Last 4 digits of account number   |  |                           |                  |  |  |  |  |  |
| Name a                       | nd Address   | On which entry in Part 1 or Part 2 did y  | ou list the original creditor?                                   |                           |                  |  |  |  |  |  |
| Scott                        | & Associates, P.C.   | Line 4.7 of (Check one):  | ☐ Part 1: Creditors with Prior                                   | ity Unsecured Claims      |                  |  |  |  |  |  |
| 6 Kace<br>Suite              | chael A. Carrucoli, Esq.<br>ey Court<br>203<br>anicsburg, PA 17055   |   | Part 2: Creditors with Nonp                                      | priority Unsecured Claims |                  |  |  |  |  |  |
| 14100110                     | anosburg, i A II 000   | Last 4 digits of account number   |  |                           |                  |  |  |  |  |  |

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Debtor 1 Michael Wallace Yochum Case number (if known) 22-10259

Name and Address Synchrony Bank P.O. Box 965024 Orlando, FL 32896 On which entry in Part 1 or Part 2 did you list the original creditor?

Line <u>4.7</u> of (*Check one*):

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |  |     | Total Claim    |
|-----------------------|-----|--|-----|----------------|
|                       | 6a. | Domestic support obligations   | 6a. | \$<br>0.00     |
| Total claims          |     |  |     |                |
| from Part 1           | 6b. | Taxes and certain other debts you owe the government   | 6b. | \$<br>0.00     |
|                       | 6c. | Claims for death or personal injury while you were intoxicated   | 6c. | \$<br>0.00     |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                  | 6d. | \$<br>0.00     |
|                       | 6e. | Total Priority. Add lines 6a through 6d.   | 6e. | \$<br>0.00     |
|                       |     |  |     | Total Claim    |
| Total                 | 6f. | Student loans  | 6f. | \$<br>0.00     |
| claims<br>from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that  | 6g. | \$<br>0.00     |
|                       | 6h. | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$<br>0.00     |
|                       | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                               | 6i. | \$<br>8,880.75 |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.  | 6j. | \$<br>8,880.75 |

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| Fill in this infor  | mation to identify your  | case:              |                 |                                      |
|---------------------|--------------------------|--------------------|-----------------|--------------------------------------|
| Debtor 1            | Michael Wallace          | Yochum             |                 |                                      |
|                     | First Name               | Middle Name        | Last Name       |                                      |
| Debtor 2            |                          |                    |                 |                                      |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name       |                                      |
| United States Ba    | ankruptcy Court for the: | WESTERN DISTRICT O | OF PENNSYLVANIA |                                      |
| Case number         | 22-10259                 |                    |                 |                                      |
| (if known)          |                          |                    |                 | ☐ Check if this is an amended filing |

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | whom you have the | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|---------------------|---|
| 2.1 |           |              |                   |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | <del>_</del>                            |
| 2.2 |           |              |                   |                     |   |
|     | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     |   |
|     | City      |              | State             | ZIP Code            | <u> </u>                                |
| 2.3 | City      |              | State             | ZIF Code            |   |
| 2.0 | Name      |              |                   |                     | <u> </u>                                |
|     | Number    | Street       |                   |                     |   |
|     | City      |              | State             | ZIP Code            | _                                       |
| 2.4 |           |              |                   |                     |   |
|     | Name      |              |                   |                     | <u> </u>                                |
|     | Number    | Street       |                   |                     | <u> </u>                                |
|     | City      |              | State             | ZIP Code            | _                                       |
| 2.5 | July      |              | Oldio             | 211 0000            |   |
| -   | Name      |              |                   |                     |   |
|     | Number    | Street       |                   |                     | _                                       |
|     | City      |              | State             | ZIP Code            | _                                       |
|     | July      |              | Olalo             | <u> </u>            |   |

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|  |  | Documen  | it raye 20 012   | +3   |   |
|--|--|--|--|--|---|
| Fill in thi                            | s information to identify your   | case:  |  |  |   |
| Debtor 1                               | Michael Wallace  | Yochum   |  |  |   |
| 200101                                 | First Name   | Middle Name  | Last Name  |  |   |
| Debtor 2<br>(Spouse if, f              | iling) First Name  | Middle Name  | Last Name  |  |   |
| United St                              | ates Bankruptcy Court for the:   | WESTERN DISTRICT O   | PENNSYLVANIA   |  |   |
| Case nur                               | nber <b>22-10259</b>   |  |  |  |   |
| (if known)                             |  |  |  |  | ☐ Check if this is an amended filing  |
| Officia                                | al Form 106H   |  |  |  |   |
|  | dule H: Your Code  | ebtors   |  |  | 12/15   |
| 1. Do  1. Do  No  Ye  2. Wi  Arizo  No | thin the last 8 years, have you<br>na, California, Idaho, Louisiana,<br>o. Go to line 3.<br>es. Did your spouse, former spou | Answer every question.  you are filing a joint case, of the lived in a community property Nevada, New Mexico, Pueuse, or legal equivalent live | do not list either spouse as operty state or territory? erto Rico, Texas, Washington with you at the time? | a codebtor.  (Community property staton, and Wisconsin.)                 | ates and territories include  |
| in lin<br>Form                         | e 2 again as a codebtor only if  | f that person is a guarant   | tor or cosigner. Make sur  | e you have listed the c  | ith you. List the person shown<br>reditor on Schedule D (Official<br>nedule E/F, or Schedule G to fil |
|  | Column 1: Your codebtor<br>Name, Number, Street, City, State and Zli   | P Code   |  | Column 2: The creditor Check all schedules the                           | or to whom you owe the debt at apply:   |
| 3.1                                    | Rodney Yochum<br>144 South Main Street<br>Pleasantville, PA 16354<br>Co-signer on 2011 Chevro                                | olet Silverado   |  | ☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G Erie Federal Credit | e<br>_  |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

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| Fill         | in this information                                  | to identify your ca                | ase:   |   |             |      | ĺ              |               |              |                                  |          |
|--------------|--|------------------------------------|--|---|-------------|------|----------------|---------------|--------------|----------------------------------|----------|
|              | otor 1   |                                    | lace Yochum  |   |             |      |                |               |              |                                  |          |
|              | otor 2<br>ouse, if filing)                           |                                    |  |   |             | _    |                |               |              |                                  |          |
| Uni          | ted States Bankrup                                   | otcy Court for the                 | WESTERN DISTRIC                                      | Γ OF PENNSYLVAN                                     | IA          |      |                |               |              |                                  |          |
|              |  | -10259                             |  | -   |             |      |                | k if this is: |              |                                  |          |
| (If kr       | nown)  |                                    |  |   |             |      |                | n amende      | -            |                                  |          |
|              |  |                                    |  |   |             |      |                |               |              | g postpetition<br>ollowing date: |          |
| 0            | fficial Form   | <u> 1061</u>                       |  |   |             |      | $\overline{M}$ | M / DD/ Y     | YYY          |                                  |          |
| S            | chedule I:   | Your Inc                           | ome  |   |             |      |                |               |              |                                  | 12/15    |
| Par          | ch a separate she                                    | et to this form.                   | r spouse is not filing w<br>On the top of any additi |   |             |      |                |               |              |                                  |          |
| 1.           | Fill in your emplinformation.                        | ioyment                            |  | Debtor 1  |             |      |                | Debtor 2      | or non-fil   | ling spouse                      |          |
|              | If you have more attach a separate information about | e page with                        | Employment status                                    | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |             |      |                | ☐ Emplo       | -            |                                  |          |
|              | employers.   | t additional                       | Occupation   | Maintenance   |             |      |                |               |              |                                  |          |
|              | Include part-time self-employed wo                   |                                    | Employer's name                                      | Life Services                                       |             |      |                |               |              |                                  |          |
|              | Occupation may or homemaker, if                      |                                    | Employer's address                                   | 223 South Mart<br>Titusville, PA 1                  |             | t    |                |               |              |                                  |          |
|              |  |                                    | How long employed t                                  | here? <u>1 year</u>                                 | 3 montl     | าร   |                | _             |              |                                  |          |
| Par          | t 2: Give De   | etails About Mor                   | thly Income  |   |             |      |                |               |              |                                  |          |
| spou         | use unless you are                                   | separated.                         | ate you file this form. If                           | ,   | ·           |      | ·              |               | •            | ,                                | J        |
| If yo<br>mor | u or your non-filing<br>e space, attach a s          | spouse have mo<br>eparate sheet to | ore than one employer, co<br>this form.              | ombine the information                              | n for all e | empl | oyers for t    | that perso    | n on the lir | nes below. If                    | you need |
|              |  |                                    |  |   |             |      | For Deb        | otor 1        |              | otor 2 or<br>ng spouse           |          |
| 2.           |  |                                    | ry, and commissions (b<br>calculate what the month   |   | 2.          | \$   | 3,             | 128.44        | \$           | N/A                              |          |
| 3.           | Estimate and lis                                     | st monthly overt                   | ime pay.   |   | 3.          | +\$  |                | 0.00          | +\$          | N/A                              |          |
| 4.           | Calculate gross                                      | Income. Add lin                    | ne 2 + line 3.                                       |   | 4.          | \$   | 3,12           | 28.44         | \$           | N/A                              |          |

Official Form 106l Schedule I: Your Income page 1

| Deb | tor 1                      | Michael Wallace Yochum   | -           | C   | Case r     | number (if kr | nown)       | 22-10    | 0259                |             |  |
|-----|----------------------------|--|-------------|-----|------------|---------------|-------------|----------|---------------------|-------------|--|
|     |                            |  |             |     |            | Debtor 1      |             | non      | Debtor<br>-filing s | pouse       |  |
|     | Cop                        | by line 4 here   | 4.          |     | \$         | 3,128         | 3.44        | \$       |                     | N/A         | <u> </u>                                     |
| 5.  | List                       | all payroll deductions:  |             |     |            |               |             |          |                     |             |  |
|     | 5a.                        | Tax, Medicare, and Social Security deductions  | 5a          | ١.  | \$         | 568           | 3.71        | \$       |                     | N/A         |  |
|     | 5b.                        | Mandatory contributions for retirement plans   | 5b          |     | \$         |               | 0.00        | \$_      |                     | N/A         | _  |
|     | 5c.                        | Voluntary contributions for retirement plans   | 5c          |     | \$         |               | 0.00        | \$       |                     | N/A         |  |
|     | 5d.                        | Required repayments of retirement fund loans   | 5d          | l.  | \$         | C             | 0.00        | \$       |                     | N/A         | _  |
|     | 5e.                        | Insurance  | 5e          | ٠.  | \$         | 91            | .43         | \$       |                     | N/A         |  |
|     | 5f.                        | Domestic support obligations   | 5f.         |     | \$         |               | 0.01        | \$       |                     | N/A         | _  |
|     | 5g.                        | Union dues   | 5g          |     | \$         |               | 0.00        | \$       |                     | N/A         | _  |
|     | 5h.                        | Other deductions. Specify: Work Expenses   | 5h          | .+  | \$         | 30            | 0.34        | + \$     |                     | N/A         | <u>.                                    </u> |
| 6.  | Add                        | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.          |     | \$         | 1,090         | ).49        | \$       |                     | N/A         | <u>-</u>                                     |
| 7.  | Cal                        | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.          |     | \$         | 2,037         | <b>.</b> 95 | \$       |                     | N/A         | <u>.</u>                                     |
| 8.  | List<br>8a.                | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  | 0.0         |     | ¢          |               |             | ¢        |                     | <b>N/A</b>  |  |
|     | Oh                         | monthly net income.  | 8a          |     | \$<br>\$   |               | 0.00        | \$_      |                     | N/A         | _  |
|     | 8b.<br>8c.                 | Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent  | 8b          | ٠.  | Φ          |               | 0.00        | \$       |                     | N/A         | <u>.</u>                                     |
|     | 00.                        | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c          |     | \$         | C             | 0.00        | \$       |                     | N/A         |  |
|     | 8d.                        |  | 8d          |     | <u>*</u> — |               | 0.00        | \$_      |                     | N/A         |  |
|     | 8e.                        | Social Security  | 8e          | ٠.  | \$         |               | 0.00        | \$       |                     | N/A         | _  |
|     | 8f.<br>8g.                 | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | _ 8f.<br>8g | ١.  | \$<br>\$   | C             | 0.00        | \$<br>\$ |                     | N/A<br>N/A  | <u> </u>                                     |
|     | 8h.                        | Other monthly income. Specify: Prorated Tax Refund   | _ 8h        | .+  | \$         | 302           | 2.17        | + \$     |                     | N/A         | <u>.</u>                                     |
| 9.  | Add                        | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.          | \$  | S          | 302           | 2.17        | \$       |                     | N/          | A  |
| 10. | Cal                        | culate monthly income. Add line 7 + line 9.  | 10.         | \$  | 2          | 2,340.12      | + \$        |          | N/A                 | = \$        | 2,340.12                                     |
|     |                            | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |             | · – |            | -,0 .0        | -           |          |                     | ' -         | _,0 :0::-                                    |
| 11. | Star<br>Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excify:                           | depe        |     |            | •             |             | •        |                     | e J.<br>+\$ | 0.00   |
| 12. |                            | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies  |             |     |            |               |             |          | 12.                 | \$          | 2,340.12<br>ned                              |
| 13. | Do                         | you expect an increase or decrease within the year after you file this form  | ?           |     |            |               |             |          |                     |             | ly income                                    |
| 13. | <b>5</b> 0                 | No.  | •           |     |            |               |             |          |                     |             |  |
|     | _                          | Yes. Explain:  |             |     |            |               |             |          |                     |             |  |

Official Form 106l Schedule I: Your Income page 2

| Fill      | in this information to identify your case:  |  |                            |   |  |
|-----------|---|--|----------------------------|---|--|
| Deb       | Michael Wallace Yochum  |  |                            | k if this is:<br>An amended filing      |  |
|           | otor 2ouse, if filing)  |  |                            | •                                       | ving postpetition chapter the following date:        |
| Unit      | ted States Bankruptcy Court for the: WESTERN DISTRICT OF PENNS  | YLVANIA  | _                          | MM / DD / YYYY                          |  |
|           | se number 22-10259 (nown)   |  |                            |   |  |
| 0         | fficial Form 106J   |  |                            |   |  |
|           | chedule J: Your Expenses  |  |                            |   | 12/1   |
| info      | as complete and accurate as possible. If two married people are<br>ormation. If more space is needed, attach another sheet to this f<br>mber (if known). Answer every question.               |  |                            |   |  |
| Par<br>1. | rt 1: Describe Your Household Is this a joint case?   |  |                            |   |  |
|           | ■ No. Go to line 2.  □ Yes. Does Debtor 2 live in a separate household?   |  |                            |   |  |
|           | □ No □ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>  | for Separate House                               | ehold of Debt              | or 2.                                   |  |
| 2.        | Do you have dependents? ☐ No  |  |                            |   |  |
|           | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent   | Dependent's relati<br>Debtor 1 or Debtor         |                            | Dependent's age                         | Does dependent live with you?                        |
|           | Do not state the dependents names.  | Daughter   |                            | 9 years                                 | ■ No □ Yes   |
|           |   | Daughter   |                            | 11 years                                | ■ No<br>□ Yes  |
|           |   |  |                            |   | □ No<br>□ Yes  |
|           |   |  |                            |   | □ No<br>□ Yes  |
| 3.        | Do your expenses include expenses of people other than yourself and your dependents?  |  |                            |   | Li Tes   |
| Est       | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless your enses as of a date after the bankruptcy is filed. If this is a suppliplicable date. | ou are using this for<br>emental <i>Schedule</i> | orm as a su<br>J, check th | pplement in a Cha<br>e box at the top o | pter 13 case to report<br>f the form and fill in the |
| the       | clude expenses paid for with non-cash government assistance if a value of such assistance and have included it on <i>Schedule I: You</i> fficial Form 106I.)                                  |  |                            | Your expe                               | enses  |
| 4.        | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.   | clude first mortgage                             | e<br>4. \$                 |   | 0.00   |
|           | If not included in line 4:  |  |                            |   |  |
|           | 4a. Real estate taxes   |  | 4a. \$                     |   | 0.00   |
|           | 4b. Property, homeowner's, or renter's insurance  |  | 4b. \$                     |   | 0.00   |
|           | <ul><li>4c. Home maintenance, repair, and upkeep expenses</li><li>4d. Homeowner's association or condominium dues</li></ul>   |  | 4c. \$<br>4d. \$           |   | 75.00<br>0.00  |
| 5.        | Additional mortgage payments for your residence, such as hon  | ne equity loans                                  | 5. \$                      |   | 0.00   |

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| Debtor 1       | Michael Wallace Yochum  | Case numb     | per (if known) | 22-10259                      |
|----------------|---|---------------|----------------|-------------------------------|
| i. Utili       | ties:   |               |                |                               |
| 6a.            | Electricity, heat, natural gas  | 6a.           | \$             | 150.00                        |
| 6b.            | Water, sewer, garbage collection  | 6b.           | \$             | 50.00                         |
| 6c.            | Telephone, cell phone, Internet, satellite, and cable services                                | 6c.           | \$             | 175.00                        |
| 6d.            | Other. Specify:   | 6d.           |                | 0.00                          |
|                | d and housekeeping supplies   | 7.            | ·              | 220.00                        |
|                | dcare and children's education costs  | 8.            | \$             | 75.00                         |
| _              | thing, laundry, and dry cleaning  | 9.            | \$             | 45.00                         |
|                | sonal care products and services  | 9.<br>10.     | ·              |                               |
|                | •   |               | ·              | 20.00                         |
|                | lical and dental expenses   | 11.           | <b>&gt;</b>    | 0.00                          |
|                | nsportation. Include gas, maintenance, bus or train fare.                                     | 12.           | \$             | 400.00                        |
|                | not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books     | 13.           | ·              | 75.00                         |
|                |   |               |                |                               |
|                | ritable contributions and religious donations   | 14.           | \$             | 0.00                          |
|                | Irance.   |               |                |                               |
|                | not include insurance deducted from your pay or included in lines 4 or 20.  Life insurance    | 15a.          | ¢              | 0.00                          |
|                |   |               |                | 0.00                          |
|                | Health insurance  | 15b.          | ·              | 0.00                          |
|                | Vehicle insurance   | 15c.          | ·              | 175.00                        |
|                | Other insurance. Specify:   | 15d.          | \$             | 0.00                          |
|                | es. Do not include taxes deducted from your pay or included in lines 4 or 20.                 |               |                |                               |
| Spe            |   | 16.           | \$             | 0.00                          |
|                | allment or lease payments:  |               |                |                               |
|                | Car payments for Vehicle 1  | 17a.          |                | 0.00                          |
| 17b.           | Car payments for Vehicle 2  | 17b.          | \$             | 0.00                          |
| 17c.           | Other. Specify:   | 17c.          | \$             | 0.00                          |
| 17d.           | Other. Specify:   | 17d.          | \$             | 0.00                          |
| 3. You         | r payments of alimony, maintenance, and support that you did not report a                     | ıs            |                |                               |
|                | ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I)                   |               | \$             | 0.00                          |
| . Oth          | er payments you make to support others who do not live with you.                              |               | \$             | 0.00                          |
| Spe            | cify:   | 19.           |                |                               |
| . Oth          | er real property expenses not included in lines 4 or 5 of this form or on Sci                 | hedule I: Yo  | ur Income.     |                               |
| 20a.           | Mortgages on other property   | 20a.          | \$             | 0.00                          |
| 20b.           | Real estate taxes   | 20b.          | \$             | 0.00                          |
| 20c.           | Property, homeowner's, or renter's insurance  | 20c.          | \$             | 0.00                          |
|                | Maintenance, repair, and upkeep expenses  | 20d.          | \$             | 0.00                          |
|                | Homeowner's association or condominium dues   | 20e.          |                | 0.00                          |
|                |   | 21.           | ·              |                               |
|                | · · · · · · · · · · · · · · · · · · ·   |               | · <u> </u>     | 35.00                         |
| lob            | pacco Products  |               | +\$            | 25.00                         |
| . Calc         | culate your monthly expenses  |               |                |                               |
|                | Add lines 4 through 21.   |               | \$             | 1,520.00                      |
|                | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2               |               | \$             | .,020.00                      |
|                |   |               | ·              | 4.500.00                      |
| 22C.           | Add line 22a and 22b. The result is your monthly expenses.                                    |               | \$             | 1,520.00                      |
| . Calc         | culate your monthly net income.   | l             |                |                               |
|                | Copy line 12 (your combined monthly income) from Schedule I.                                  | 23a.          | \$             | 2,340.12                      |
|                | Copy your monthly expenses from line 22c above.   | 23b.          | ·              | 1,520.00                      |
| 200.           | Copy your monthly expenses from the 220 above.  | 200.          | <b>—</b>       | 1,320.00                      |
| 230            | Subtract your monthly expenses from your monthly income.                                      |               |                |                               |
| 200.           | The result is your <i>monthly net income</i> .  | 23c.          | \$             | 820.12                        |
|                | The result to your monthly not moonle.  | . 1           |                |                               |
| 4. <b>Do v</b> | you expect an increase or decrease in your expenses within the year after                     | you file this | form?          |                               |
| For e          | example, do you expect to finish paying for your car loan within the year or do you expect yo |               |                | ease or decrease because of a |
| modi           | fication to the terms of your mortgage?   |               |                |                               |
|                | lo.   |               |                |                               |
| □Y             |   |               |                |                               |
|                |   |               |                |                               |

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|  |                               |   | •                                    |
|--|-------------------------------|---|--------------------------------------|
| Fill in this information to ide                    | entify your case:             |   |                                      |
|  | Wallace Yochum                |   |                                      |
| First Name   | Middle Name                   | Last Name   |                                      |
| Debtor 2 (Spouse if, filing) First Name            | Middle Name                   | Last Name   |                                      |
| United States Bankruptcy Co.                       | urt for the: WESTERN DISTI    | RICT OF PENNSYLVANIA                                |                                      |
| Case number <b>22-10259</b>                        |                               |   |                                      |
| (if known)   |                               |   | Check if this is an amended filing   |
|  |                               |   | amended ming                         |
|  |                               |   |                                      |
| Official Form 106De                                | <u>C</u>                      |   |                                      |
| <b>Declaration Al</b>                              | out an Individ                | ual Debtor's Schedules                              | 12/15                                |
|  |                               |   |                                      |
| If two married people are fili                     | ng together, both are equally | responsible for supplying correct information.      |                                      |
| You must file this form when                       | ever you file bankruptcy scho | edules or amended schedules. Making a false sta     | tement, concealing property, or      |
| obtaining money or property                        | by fraud in connection with a | a bankruptcy case can result in fines up to \$250,0 |                                      |
| years, or both. 18 U.S.C. §§ 1                     | 52, 1341, 1519, and 3571.     |   |                                      |
|  |                               |   |                                      |
| Sign Below   |                               |   |                                      |
|  |                               |   |                                      |
| Did you pay or agree to                            | pay someone who is NOT ar     | n attorney to help you fill out bankruptcy forms?   |                                      |
|  |                               |   |                                      |
| ■ No   |                               |   |                                      |
| ☐ Yes. Name of pers                                | on                            |   | nkruptcy Petition Preparer's Notice, |
|  |                               | Deciaratio  | n, and Signature (Official Form 119) |
|  |                               |   |                                      |
| Under penalty of perjury that they are true and co |                               | e summary and schedules filed with this declarat    | ion and                              |
| X /s/ Michael Wallac                               | ce Yochum                     | x   |                                      |
| Michael Wallace                                    |                               | Signature of Debtor 2                               |                                      |
| Signature of Debtor                                |                               |   |                                      |

Date **July 18, 2022** 

Date

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| Fill in t         | this inform                 | nation to identify you                        | r case:                                    |  |  |   |
|-------------------|-----------------------------|---|--|--|--|---|
| Debtor            |                             | Michael Wallace                               |  |  |  |   |
| 20210.            |                             | First Name                                    | Middle Name                                | Last Name  |  |   |
| Debtor<br>(Spouse |                             | First Name                                    | Middle Name                                | Last Name  |  |   |
| Linitad           | States Bar                  | kruptov Court for the                         | WESTERN DISTRICT OF                        | E DENNISVI VANIA   |  |   |
| United            | States bar                  | kruptcy Court for the:                        | WESTERN DISTRICT OF                        | FENNSTLVANIA   |  |   |
| Case n            |                             | 2-10259                                       |  |  | _  | Check if this is an amended filing                    |
|                   |                             | rm 107<br>of Financial                        | Affairs for Individ                        | duals Filing for B   | ankruptcy  | 04/2  |
| nforma<br>numbe   | ation. If me<br>r (if known | ore space is needed,<br>i). Answer every ques | attach a separate sheet to stion.          | this form. On the top of any   | equally responsible for sup<br>y additional pages, write you   |   |
| Part 1:           |                             |   | rital Status and Where You                 | Lived Before   |  |   |
| ı. Wi             | hat is your                 | current marital statu                         | s?   |  |  |   |
| ■                 | Married<br>Not mar          | ried  |  |  |  |   |
| 2. Du             | ring the la                 | ıst 3 years, have you                         | lived anywhere other than                  | where you live now?  |  |   |
|                   | No<br>Yes. List             | t all of the places you I                     | ived in the last 3 years. Do no            | ot include where you live now  | <i>ı</i> .   |   |
| D                 | ebtor 1:                    |   | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad  | dress:   | Dates Debtor 2<br>lived there                         |
|                   |                             |   |  |  | ity property state or territor<br>ico, Texas, Washington and V |   |
| ■                 | No<br>Yes. Ma               | ke sure you fill out <i>Scl</i>               | nedule H: Your Codebtors (O                | fficial Form 106H).  |  |   |
| Part 2            | Explain                     | n the Sources of You                          | r Income                                   |  |  |   |
| Fill              | I in the tota               | I amount of income yo                         | u received from all jobs and a             | g a business during this yeall businesses, including partetogether, list it only once ur |  | ndar years?   |
| ■                 | No<br>Yes. Fill             | in the details.                               |  |  |  |   |
|                   |                             |   | Debtor 1                                   |  | Debtor 2   |   |
|                   |                             |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                    | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions<br>and exclusions) |
|                   |                             | of current year until<br>d for bankruptcy:    | ■ Wages, commissions, bonuses, tips        | \$15,311.07  | ☐ Wages, commissions, bonuses, tips                            |   |
|                   |                             |   | ☐ Operating a business                     |  | ☐ Operating a business   |   |

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Debtor 1 Michael Wallace Yochum Case number (if known) 22-10259

|  | Debtor 1  |   | Debtor 2  |   |   |
|--|---|---|---|---|---|
|  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)   | Sources of income Check all that app                          | oly. (b                                 | Gross income<br>before deductions<br>and exclusions)  |
| For last calendar year:<br>(January 1 to December 31, 2021)  | ■ Wages, commissions, bonuses, tips   | \$34,838.00   | ☐ Wages, commi bonuses, tips                                  | issions,                                |   |
|  | ☐ Operating a business  |   | ☐ Operating a bu  | ısiness                                 |   |
| For the calendar year before that: (January 1 to December 31, 2020 )   | ■ Wages, commissions, bonuses, tips   | \$35,025.00   | ☐ Wages, commi<br>bonuses, tips                               | issions,                                |   |
|  | ☐ Operating a business  |   | ☐ Operating a bu  | ısiness                                 |   |
| <ul> <li>Did you receive any other income Include income regardless of wheth and other public benefit payments; winnings. If you are filing a joint cas List each source and the gross income.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> | ner that income is taxable. Exa<br>pensions; rental income; interese<br>and you have income that y  | imples of other income are a<br>est; dividends; money collect<br>ou received together, list it o  | ted from lawsuits; rounly once under Debt                     | yalties; and ga<br>tor 1.               |   |
|  | Debtor 1  |   | Debtor 2  |   |   |
|  | Sources of income Describe below.   | Gross income from<br>each source<br>(before deductions and<br>exclusions)   | Sources of incon<br>Describe below.                           | (b                                      | Gross income<br>perfore deductions<br>and exclusions) |
| Part 3: List Certain Payments You  | Made Before You Filed for E   | Bankruptcy  |   |   |   |
| individual primarily for a  During the 90 days befor  No. Go to line 7  Yes List below € paid that creater not include   | Debtor 2 has primarily consust personal, family, or household personal, family, or household personal, family, or household personal, family, or household personal family, did not consider the constant of the constant payments to an attorney for the constant of the constant payments to an attorney for the constant of the constant payments to an attorney for the constant of the constant payments to an attorney for the constant payments to an attorney for the constant payments and every 3 years | mer debts. Consumer debts d purpose."  d you pay any creditor a total d a total of \$7,575* or more in ts for domestic support oblighis bankruptcy case. Is after that for cases filed on | of \$7,575* or more?  n one or more paymations, such as child | ?<br>ents and the to<br>I support and a | otal amount you                                       |
|  | ore you filed for bankruptcy, did   |   | of \$600 or more?   |   |   |
| ■ No. Go to line 7   |   |   |   |   |   |
| include pay  | each creditor to whom you paid<br>ments for domestic support ob<br>this bankruptcy case.  |   |   |   |   |
| Creditor's Name and Address  | Dates of paymen   | nt Total amount paid  | Amount you still owe  | Was this payn                           | nent for  |

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Debtor 1 Michael Wallace Yochum Case number (if known) 22-10259

| Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; or which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, include a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support an alimony. No |   |  |  |                      |                                 |                       |  |  |  |
|--|---|--|--|----------------------|---------------------------------|-----------------------|--|--|--|
|  | ☐ Yes. List all payments to an insider.   |  |  |                      |                                 |                       |  |  |  |
|  | Insider's Name and Address  | Dates of payment                             | Total amount paid  | Amount you still owe | Reason for                      | this payment          |  |  |  |
| В.   | Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cos  No Yes. List all payments to an insider   |  | ments or transfer a  | nny property on a    | ccount of a de                  | ebt that benefited an |  |  |  |
|  | Insider's Name and Address  | Dates of payment                             | Total amount paid  | Amount you still owe | Reason for                      | this payment          |  |  |  |
| Pэ   | rt 4: Identify Legal Actions, Repossession  | as and Foreclosures                          | paid   | 2 0 0                |                                 |                       |  |  |  |
| <b>J.</b>  | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.   | cases, small claims actions                  | s, divorces, collectio   |                      | ctions, support                 | or custody            |  |  |  |
|  | Case title Case number  | Nature of the case                           | re of the case Court or agency   |                      | Status of the case              |                       |  |  |  |
|  | Portfolio Recovery Associates,<br>LLC<br>v.<br>Michael Yochum<br>2020-784   | Civil  | Venango County Court of<br>Common Pleas<br>1168 Liberty Street<br>#403<br>Franklin, PA 16323 |                      | ■ Pending □ On appe             |                       |  |  |  |
|  | Oil Creek Township v. Michael W. Yochum 2019-1484   | Civil  | Venango Coun<br>Common Pleas<br>1168 Liberty St<br>Suite 403<br>Franklin, PA 16              | reet                 | ☐ Pending ☐ On appea ☐ Conclude |                       |  |  |  |
| 10.  | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  |  | rty repossessed, f   | oreclosed, garnis    | shed, attached                  | l, seized, or levied? |  |  |  |
|  | Creditor Name and Address   | Describe the Property  Explain what happened | ı  | Date                 |                                 | Value of the property |  |  |  |
| 11.  | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No  Yes. Fill in the details. |  |  |                      |                                 |                       |  |  |  |
|  | Creditor Name and Address   | Describe the action the                      | creditor took  | Date<br>taker        | action was                      | Amount                |  |  |  |
|  |   |  |  | talloi               | -                               |                       |  |  |  |

Page 29 of 43 Document Case number (if known) 22-10259 Debtor 1 Michael Wallace Yochum 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No П Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You

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"No Look" Expenses -\$500.00

Legal Fee Retainer - \$720.00

Court Costs for LMP - \$40.00

**Documods - \$40.00** 

\$1,300.00

June 2022

**Foster Law Offices** 

1210 Park Avenue

Meadville, PA 16335

dan@mrdebtbuster.com

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Debtor 1 Michael Wallace Yochum

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| <ul> <li>17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any proper promised to help you deal with your creditors or to make payments to your creditors?</li> <li>Do not include any payment or transfer that you listed on line 16.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |  |  |                               |                 |   | rty to anyone who                             |
|--|--|--|-------------------------------|-----------------|---|---|
|  | Person Who Was Paid Address  | Description and v  | alue of any prop              | erty            | Date payment or transfer was made                     | Amount of payment                             |
| 18.  | Within 2 years before you filed for bankrup transferred in the ordinary course of your build like the like the properties of transfers and transfers minclude gifts and transfers that you have alread to the like the line the like | ousiness or financial affa<br>ade as security (such as                   | airs?<br>the granting of a se |                 |   |   |
|  | Person Who Received Transfer Address  Person's relationship to you   | Description and v  |                               |                 | any property or<br>received or debts<br>change        | Date transfer was made                        |
| 19.  | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pr ■ No □ Yes. Fill in the details.  |  | ny property to a s            | elf-settled tru | ust or similar device                                 | of which you are a                            |
|  | Name of trust  | Description and v  | alue of the prope             | erty transferr  | ed  | Date Transfer was made                        |
| Par  | t 8: List of Certain Financial Accounts, In  | struments, Safe Deposi   | t Boxes, and Sto              | rage Units      |   |   |
| 20.  | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso   | or other financial accou   | nts; certificates o           | of deposit; sh  |   |   |
|  | Yes. Fill in the details.  |  |                               | _               |   |   |
|  | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)   | Last 4 digits of account number  | Type of accour instrument     | clo             | te account was<br>osed, sold,<br>oved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securitic cash, or other valuables?  ■ No □ Yes. Fill in the details.   |  |  |                               |                 | itory for securities,                                 |   |
|  | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                               | Describe the    | contents  | Do you still have it?                         |
| 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  |  |  |                               |                 |   |   |
|  | ■ No □ Yes. Fill in the details.   |  |                               |                 |   |   |
|  | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  | Who else has or I<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                               | Describe the    | contents  | Do you still have it?                         |

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Debtor 1 Michael Wallace Yochum

Case number (if known) 22-10259

| Pai | t 9: Identify Property You Hold or Control for   | Someone Else  |                             |                             |                    |  |  |  |  |
|-----|--|---|-----------------------------|-----------------------------|--------------------|--|--|--|--|
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.                       |   |                             |                             |                    |  |  |  |  |
|     | No   |   |                             |                             |                    |  |  |  |  |
|     | Yes. Fill in the details.  |   |                             |                             |                    |  |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe                    | the property                | Value              |  |  |  |  |
| Pai | t 10: Give Details About Environmental Inform  | nation  |                             |                             |                    |  |  |  |  |
| For | the purpose of Part 10, the following definitions  | s apply:  |                             |                             |                    |  |  |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these su                            | air, land, soil, surface water, groun                                     |                             |                             |                    |  |  |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposa  | l sites.  |                             |                             |                    |  |  |  |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or  |   | s waste, ha                 | azardous substance, toxic   | substance,         |  |  |  |  |
| Rep | ort all notices, releases, and proceedings that y  | ou know about, regardless of whe  | n they occi                 | urred.                      |                    |  |  |  |  |
| 24. | Has any governmental unit notified you that yo   | ou may be liable or potentially liable                                    | under or i                  | in violation of an environm | nental law?        |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                             |                             |                    |  |  |  |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  Governmental unit Address (Number, Street, City, State and ZIP Code)  Environmental law, if you know it |   |                             | Date of notice              |                    |  |  |  |  |
| 25. | Have you notified any governmental unit of any release of hazardous material?  |   |                             |                             |                    |  |  |  |  |
|     | ■ No   |   |                             |                             |                    |  |  |  |  |
|     | Yes. Fill in the details.  |   |                             |                             |                    |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State ar<br>ZIP Code) |                             | onmental law, if you<br>it  | Date of notice     |  |  |  |  |
| 26. | Have you been a party in any judicial or admin   | istrative proceeding under any env  | ironmental                  | I law? Include settlements  | and orders.        |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                             |                             |                    |  |  |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case t, City, |                             | Status of the case |  |  |  |  |
| Pai | t11: Give Details About Your Business or Co.   | nnections to Any Business   |                             |                             |                    |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy,  | did you own a business or have a  | ny of the fo                | ollowing connections to an  | y business?        |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a  | trade, profession, or other activity                                      | , either full               | -time or part-time          |                    |  |  |  |  |
|     | ☐ A member of a limited liability compan   | y (LLC) or limited liability partnersh                                    | ip (LLP)                    |                             |                    |  |  |  |  |
|     | ☐ A partner in a partnership   |   |                             |                             |                    |  |  |  |  |
|     | ☐ An officer, director, or managing execu  | utive of a corporation  |                             |                             |                    |  |  |  |  |
|     | An owner of at least 5% of the voting of   | w amultu annumition of a normaration                                      |                             |                             |                    |  |  |  |  |

| ■ No. None of the above applies. Go to F  | Part 12.  |  |
|---|---|--|
| ☐ Yes. Check all that apply above and fill  | in the details below for each business.         |  |
| Business Name   | Describe the nature of the business             | Employer Identification number                                 |
| Address<br>(Number, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper                | Do not include Social Security number or ITIN.                 |
|   |   | Dates business existed   |
| <ol><li>Within 2 years before you filed for bankrupt<br/>institutions, creditors, or other parties.</li></ol> | cy, did you give a financial statement to an    | yone about your business? Include all financial                |
| . No  |   |  |
| ■ No □ Yes. Fill in the details below.  |   |  |
| Name  | Date Issued                                     |  |
| Address<br>(Number, Street, City, State and ZIP Code)   |   |  |
| Part 12: Sign Below   |   |  |
|   |   | declare under penalty of perjury that the answers              |
| are true and correct. I understand that making a with a bankruptcy case can result in fines up to             |   | otaining money or property by fraud in connection rs, or both. |
| 18 U.S.C. §§ 152, 1341, 1519, and 3571.   |   |  |
| /s/ Michael Wallace Yochum  |   |  |
| Michael Wallace Yochum Signature of Debtor 1  | Signature of Debtor 2                           |  |
| Date July 18, 2022  | Date  |  |
|   |   |  |
| Did you attach additional pages to Your Stateme   | ent of Financial Affairs for Individuals Filing | g for Bankruptcy (Official Form 107)?                          |
| ☐ Yes   |   |  |
| Did you pay or agree to pay someone who is not  | an attorney to help you fill out bankruptcy     | rforms?  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

| Fill in this information to identify your case: |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Debtor 1  | Michael Wallace Yochum                                     |  |  |  |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 |  |  |  |  |  |  |  |
| United States B                                 | Bankruptcy Court for the: Western District of Pennsylvania |  |  |  |  |  |  |
| Case number (if known)                          | 22-10259   |  |  |  |  |  |  |

| Check  | Check as directed in lines 17 and 21:                            |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  | According to the calculations required by this Statement:        |  |  |  |  |  |  |  |  |
| <ul> <li>1. Disposable income is not determined un</li> <li>11 U.S.C. § 1325(b)(3).</li> </ul> |  |  |  |  |  |  |  |  |  |
|  | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). |  |  |  |  |  |  |  |  |
|  | 3. The commitment period is 3 years.                             |  |  |  |  |  |  |  |  |
| ☐ 4. The commitment period is 5 years.   |  |  |  |  |  |  |  |  |  |

☐ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| auui     | tional pages, write your name and case number (ii k  | ilowiij.                        |                          |                                     |                         |                  |  |                                |
|----------|--|---------------------------------|--------------------------|-------------------------------------|-------------------------|------------------|--|--------------------------------|
| Par      | 11: Calculate Your Average Monthly Income  |                                 |                          |                                     |                         |                  |  |                                |
| 1.       | What is your marital and filing status? Check one o  | nly.                            |                          |                                     |                         |                  |  |                                |
|          | ■ Not married. Fill out Column A, lines 2-11.  |                                 |                          |                                     |                         |                  |  |                                |
|          | ☐ Married. Fill out both Columns A and B, lines 2-11.  |                                 |                          |                                     |                         |                  |  |                                |
| 10<br>th | ill in the average monthly income that you received from al<br>01(10A). For example, if you are filing on September 15, the 6-re<br>ie 6 months, add the income for all 6 months and divide the total<br>couses own the same rental property, put the income from that | month per<br>al by 6. Fill      | iod would<br>I in the re | be March 1 throusult. Do not includ | igh Augus<br>le any inc | t 31. If the amo | ount of your monthly incom<br>ore than once. For examp | e varied during<br>le, if both |
|          |  |                                 |                          |                                     | Column<br>Debtor        |                  | Column B Debtor 2 or non-filing spouse                 |                                |
| 2.       | Your gross wages, salary, tips, bonuses, overtime payroll deductions).   | , and co                        | mmissio                  | ons (before all                     | \$                      | 3,011.58         | \$   |                                |
| 3.       | <b>Alimony and maintenance payments.</b> Do not include Column B is filled in.   | ) payme                         | nts from                 | a spouse if                         | \$                      | 0.00             | \$   |                                |
| 4.       | All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Do not include payments from a spou you listed on line 3.                                       | <b>t.</b> Include<br>ld, your c | e regular<br>depende     | contributions nts, parents,         | \$                      | 0.00             | \$   |                                |
| 5.       | Net income from operating a business, profession, or farm  | Debtor                          | 1                        |                                     |                         |                  |  |                                |
|          | Gross receipts (before all deductions)   | \$                              | 0.00                     |                                     |                         |                  |  |                                |
|          | Ordinary and necessary operating expenses  | -\$                             | 0.00                     |                                     |                         |                  |  |                                |
|          | Net monthly income from a business, profession, or fa  | rm \$                           | 0.00                     | Copy here ->                        | \$                      | 0.00             | \$   |                                |
| 6.       | Net income from rental and other real property   | Debtor                          |                          |                                     |                         |                  |  |                                |
|          | Gross receipts (before all deductions)   | \$                              | 0.00                     |                                     |                         |                  |  |                                |
|          | Ordinary and necessary operating expenses  | <b>-</b> \$                     | 0.00                     |                                     |                         |                  |  |                                |
|          | Net monthly income from rental or other real property  | \$                              | 0.00                     | Copy here ->                        | \$                      | 0.00             | \$   |                                |

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Case number (if known) 22-10259

**Michael Wallace Yochum** 

Debtor 1

|             |   |   |  |  |  |  | Column<br>Debtor |           | Column E Debtor 2 non-filing | or          |          |   |
|-------------|---|---|--|--|--|--|------------------|-----------|------------------------------|-------------|----------|---|
| 7.          | Inte                                    | rest, c   | ividends, and royalties  |  |  |  | \$               | 0.0       | 0 \$                         |             |          |   |
| 8.          | Une                                     | employ  | ment compensation  |  |  |  | \$               | 0.0       | 0 \$                         |             |          |   |
|             |   |   | er the amount if you contend<br>Security Act. Instead, list it h   |  | ved was a benef  | fit under                                  |                  |           |                              |             |          |   |
|             | F                                       | or you  |  | \$   | 0.   | 00   |                  |           |                              |             |          |   |
|             | F                                       | or you  | r spouse   | \$   |  |  |                  |           |                              |             |          |   |
|             | beninot i<br>Unit<br>disa<br>pay<br>doe | efit und<br>include<br>ted Sta<br>ability, o<br>paid u<br>s not e   | or retirement income. Do not der the Social Security Act. As any compensation, pension tes Government in connection death of a member of the noder chapter 61 of title 10, the xceed the amount of retired noder any provision of title 10 | also, except as stated in<br>a, pay, annuity, or allow<br>on with a disability, com<br>uniformed services. If y<br>aren include that pay onl<br>pay to which you would | n the next sente<br>ance paid by the<br>abat-related inju-<br>ou received any<br>by to the extent to<br>to therwise be e | nce, do<br>e<br>ry or<br>retired<br>hat it | \$               | 0.0       | <b>0</b> \$                  |             |          |   |
|             | Do rece<br>dom<br>Unit<br>disa          | not inc<br>eived a<br>nestic t<br>ted Sta<br>ability, or<br>rces or | om all other sources not li-<br>ude any benefits received us<br>a victim of a war crime, a c<br>errorism; or compensation, p<br>tes Government in connection<br>or death of a member of the<br>n a separate page and put th                | nder the Social Security<br>rime against humanity,<br>ension, pay, annuity, o<br>on with a disability, com<br>uniformed services. If n                                 | / Act; payments<br>or international<br>r allowance paid<br>bat-related inju-   | or<br>d by the<br>ry or                    |                  |           |                              |             |          |   |
|             |   | <u> P</u>   | rorated Tax Refund   |  |  |  | \$               | 302.1     |                              |             |          |   |
|             |   | _   |  |  |  |  | \$               | 0.0       |                              |             |          |   |
|             |   | Т   | otal amounts from separate   | pages, if any.   |  | +  | \$               | 0.0       | <u> </u>                     |             |          |   |
| 11.<br>Part | eacl                                    | h colur<br>∎  | your total average monthly nn. Then add the total for Co ermine How to Measure Yo  | lumn A to the total for (  | Column B.  | \$   | 3,313.75         | 5+\$      |                              |             | 3,313.75 |   |
| 12.<br>13.  | Cop                                     | y you<br>culate   | r total average monthly inc<br>the marital adjustment. Ch  | ome from line 11.  |  |  |                  |           |                              | \$          | 3,313.75 |   |
|             |   | You a   | are not married. Fill in 0 belo  | W.   |  |  |                  |           |                              |             |          |   |
|             |   | You a   | are married and your spouse  | is filing with you. Fill in  | 0 below.   |  |                  |           |                              |             |          |   |
|             |   |   | are married and your spouse  |  |  |  |                  |           |                              |             |          |   |
|             |   |   | the amount of the income list  |  |  |  |                  |           |                              |             |          |   |
|             |   | adjus   | v, specify the basis for excludents on a separate page.  | -  | e amount of inc  | ome dev                                    | oted to e        | ach purpo | se. If necessar              | y, list add | tional   |   |
|             |   | If this   | adjustment does not apply,   | enter 0 below.   |  | <b>c</b>                                   |                  |           |                              |             |          |   |
|             |   |   |  |  |  | — ¢  |                  |           |                              |             |          |   |
|             |   |   |  |  |  | Ψ<br><b>+</b> \$                           |                  |           |                              |             |          |   |
|             |   |   |  |  |  | <b>Τ</b> Ψ                                 |                  |           |                              |             |          |   |
|             |   |   | Total  |  |  | \$   | (                | 0.00      | Copy here=>                  |             | 0.0      | 0 |
|             |   |   | rent monthly income. Sub   |  |  |  |                  |           |                              | \$          | 3,313.75 |   |
| 15.         |   |   | e your current monthly inc   | ome for the year. Foll   | ow these steps:  |  |                  |           |                              |             | 2 212 7F |   |
|             | 15                                      | a. Co   | py line 14 here=>  |  |  |  |                  |           |                              | \$          | 3,313.75 |   |

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| Debto | or 1               | Mic            | hael Wallace Yochum   |                             | Case number (if known)          | 22-10259          |                |                |
|-------|--------------------|----------------|---|-----------------------------|---------------------------------|-------------------|----------------|----------------|
|       |                    | М              | ultiply line 15a by 12 (the number of months in   | n a year).                  |                                 |                   | X              | 12             |
|       | 15                 | b. Th          | ne result is your current monthly income for the  | e year for this part of the | o form                          |                   | \$             | 39,765.00      |
| 16.   | Cal                | culate         | the median family income that applies to  | you. Follow these steps     | :                               |                   |                |                |
|       | 16a                | . Fill ir      | n the state in which you live.  | PA                          |                                 |                   |                |                |
|       | 16b                | . Fill ir      | n the number of people in your household.   | 3                           |                                 |                   |                |                |
|       | 16c                | To fi          | n the median family income for your state and<br>nd a list of applicable median income amounts<br>uctions for this form. This list may also be ava  | s, go online using the lin  |                                 |                   | \$             | 92,441.00      |
| 17.   | Hov                | v do t         | he lines compare?   |                             |                                 |                   |                |                |
|       | 17a                | . •            | Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N   |                             |                                 |                   |                |                |
|       | 17b                | . [            | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a  | ulation of Your Dispos      |                                 |                   |                |                |
| Part  | 3:                 | Ca             | Iculate Your Commitment Period Under 11   | U.S.C. § 1325(b)(4)         |                                 |                   |                |                |
| 18.   | Cop                | у уо           | ur total average monthly income from line 1   | 1.                          |                                 | \$                |                | 3,313.75       |
| 19.   | con<br>spo         | end t          | ne marital adjustment if it applies. If you are hat calculating the commitment period under 1 income, copy the amount from line 13.   | l1 U.S.C. § 1325(b)(4) a    |                                 | ur<br><b>-</b> \$ |                | 0.00           |
|       | 19a                | . 11 1116      | e mantai aujustinent does not appiy, iii iii o on   | ille 19a.                   |                                 | -φ <sub>-</sub>   |                |                |
|       | 19b                | . Sub          | tract line 19a from line 18.  |                             |                                 |                   | \$             | 3,313.75       |
| 20.   | Cal                | culate         | your current monthly income for the year.   | Follow these steps:         |                                 |                   |                |                |
|       | 20a                | Cop            | y line 19b  |                             |                                 |                   | \$             | 3,313.75       |
|       |                    | Mult           | iply by 12 (the number of months in a year).  |                             |                                 |                   | X              | 12             |
|       | 20b                | . The          | result is your current monthly income for the y   | ear for this part of the fo | orm                             |                   | \$             | 39,765.00      |
|       | 20c                | Cop            | y the median family income for your state and   | size of household from      | line 16c                        |                   | \$             | 92,441.00      |
|       | 21.                | How            | do the lines compare?   |                             |                                 |                   |                |                |
|       |                    |                | Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.  | se ordered by the court     | on the top of page 1 of this fo | rm, check bo      | x 3, <i>Th</i> | he commitment  |
|       |                    |                | Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.  | nless otherwise ordered     | by the court, on the top of pag | e 1 of this for   | rm, che        | eck box 4, The |
| Part  | Ву s<br><b>/s/</b> | igning<br>Micl | gn Below g here, under penalty of perjury I declare that the same of the same | the information on this s   | tatement and in any attachme    | nts is true and   | d corre        | ect.           |
|       |                    |                | e of Debtor 1   |                             |                                 |                   |                |                |
|       | Date               |                | ly 18, 2022<br>1 / DD / YYYY  |                             |                                 |                   |                |                |
|       | If yo              | u che          | cked 17a, do NOT fill out or file Form 122C-2.  |                             |                                 |                   |                |                |
|       | If vo              | u che          | cked 17b, fill out Form 122C-2 and file it with   | this form. On line 39 of t  | hat form, copy your current me  | onthly income     | e from         | line 14 above. |

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Debtor 1 Michael Wallace Yochum Case number (if known) 22-10259

Debtor 1 Michael Wallace Yochum Case number (if known) 22-10259

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 12/01/2021 to 05/31/2022.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Life Services Management

Income by Month:

| 6 Months Ago: | 12/2021            | \$2,758.42 |
|---------------|--------------------|------------|
| 5 Months Ago: | 01/2022            | \$2,734.37 |
| 4 Months Ago: | 02/2022            | \$2,707.17 |
| 3 Months Ago: | 03/2022            | \$4,093.94 |
| 2 Months Ago: | 04/2022            | \$3,104.76 |
| Last Month:   | 05/2022            | \$2,670.83 |
|               | Average per month: | \$3,011.58 |

Line 10 - Income from all other sources Source of Income: Prorated Tax Refund Constant income of \$302.17 per month.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: |       | Liquidation        |
|------------|-------|--------------------|
| ;          | \$245 | filing fee         |
|            | \$78  | administrative fee |
| <u>+</u>   | \$15  | trustee surcharge  |
| :          | \$338 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,738

\$1,167 filing fee \$571 administrative fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

total fee

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 22-10259-TPA Doc 16 Filed 07/18/22 Entered 07/18/22 11:53:38 Desc Main Document Page 42 of 43

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### United States Bankruptcy Court Western District of Pennsylvania

| In r | e Michael Walla   | ce Yo          | ochum   |  | Case No.                               | 22-10259   |
|------|---|----------------|---|--|--|--|
|      |   |                |   | Debtor(s)  | Chapter                                | 13   |
|      | DIS   | CLO            | OSURE OF COMPI  | ENSATION OF ATTOR  | NEY FOR DE                             | EBTOR(S)   |
| 1.   | compensation paid to  | o me v         | within one year before the fil                                  | 16(b), I certify that I am the attorne ling of the petition in bankruptcy, on of or in connection with the bank    | or agreed to be paid                   | to me, for services rendered or to               |
|      | For legal service   | es, I h        | ave agreed to accept  |  | \$                                     | 6,000.00   |
|      | Prior to the filin  | ıg of tl       | his statement I have received                                   | d  | \$                                     | 760.00   |
|      | Balance Due   |                |   |  | \$                                     | 5,240.00   |
| 2.   |   |                | sation paid to me was:  |  |  |  |
|      | Debtor  |                | Other (specify):  |  |  |  |
| 3.   | The source of compe   | nsatic         | on to be paid to me is:   |  |  |  |
|      | Debtor  |                | Other (specify):  |  |  |  |
| 4.   | ■ I have not agree  | d to sh        | are the above-disclosed con                                     | npensation with any other person u   | nless they are mem                     | bers and associates of my law firm               |
|      |   |                |   | nsation with a person or persons whames of the people sharing in the c   |  |  |
| 5.   | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |                |   |  |  |  |
|      | b. Preparation and f  | iling of the d | of any petition, schedules, st<br>lebtor at the meeting of cred | dering advice to the debtor in deter<br>atement of affairs and plan which r<br>itors and confirmation hearing, and | nay be required;                       |  |
|      | Negotiation reaffirmate   | ons w          | ith secured creditors to  | reduce to market value; exer<br>ions as needed; preparation a<br>ousehold goods.                                   | mption planning;<br>and filing of moti | preparation and filing of ons pursuant to 11 USC |
| 6.   | Represen  | tatior         |   | fee does not include the following slischargeability actions, judic  |  | es, relief from stay actions or                  |
|      |   |                |   | CERTIFICATION  |  |  |
| this | I certify that the fore<br>bankruptcy proceedir   |                | is a complete statement of a                                    | any agreement or arrangement for p   | payment to me for re                   | epresentation of the debtor(s) in                |
|      | July 18, 2022   |                |   | /s/ Daniel P Foster  |  |  |
|      | Date  |                |   |  |  |  |
|      |   |                |   | Signature of Attorney Foster Law Offices   |  |  |
|      |   |                |   | 1210 Park Avenue   |  |  |
|      |   |                |   | Meadville, PA 1633<br>814-724-1165 Fax   |  |  |
|      |   |                |   | dan@mrdebtbuste  |  |  |
|      |   |                |   | Name of law firm   |  |  |

### United States Bankruptcy Court Western District of Pennsylvania

| In re | Michael Wallace Yochum |           | Case No. | 22-10259 |
|-------|------------------------|-----------|----------|----------|
|       |                        | Debtor(s) | Chapter  | 13       |

| VER                                    | FICATION OF CREDITOR MATRIX   |  |  |
|--|---|--|--|
| The above-named Debtor hereby verifies | that the attached list of creditors is true and correct to the best of his/her knowledge. |  |  |
| Date: July 18, 2022                    | /s/ Michael Wallace Yochum Michael Wallace Yochum Signature of Debtor                     |  |  |